

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		2				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		2				
34		2				
35	1					
36		1				
37		1				
38		1				
39	1					
40		1				
41		1				
42		2				
43		2				
44		1				
45		1				
46		2				
47		2				
48		1				
49		1				
50		1				
TOTAL IND.	4					
TOTAL DEP.		14				
TOTAL CLAIMS	4	14				

  

51		1				
52		1				
53		2				
54		2				
55		1				
56		1				
57		2				
58		2				
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100						
TOTAL IND.	4					
TOTAL DEP.		14				
TOTAL CLAIMS	4	14				